



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Davey Elem	Hill	0424
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Carilla French

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **13.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Davey Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Havre H S	Hill	0428

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Cathie A. Bradbury

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 30

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 6.5

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Havre H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Havre H S	Hill	0428

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Ila McClenahan

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 25

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 7

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Havre H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Havre H S	Hill	0428

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Joyce Donovan

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 4.5

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Havre H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Havre H S	Hill	0428

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Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Sandra Spinner

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 36

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 4

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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Elementary School District	Chair, Board of Trustees	Date
High School District Havre H S	Chair, Board of Trustees	Date

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Havre H S	Hill	0428

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

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Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Sandy Young

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 26.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

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Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Havre Elem	Hill	0427
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

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HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Carol Pleninger

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

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Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

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To or from School _____ times per day, _____ days per week

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Elementary School District Havre Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



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Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Havre Elem	Hill	0427
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Cindy LaBuda

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Havre Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Havre Elem	Hill	0427
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Heidi Nystrom

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **18** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **4** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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Elementary School District Havre Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Havre Elem	Hill	0427
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jane Warp

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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The parties agree as follows:

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
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Elementary School District Havre Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Havre Elem	Hill	0427
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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		Initials
Elem District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
HS District Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes <input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Jolyn Bessette

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **25.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **6.1** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

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Agreement between parent (parent name) _____, and school district (district name) _____.

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Elementary School District Havre Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
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INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Havre Elem	Hill	0427
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kathy Beck

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 12 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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Elementary School District Havre Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Havre Elem	Hill	0427
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kris Holsapple

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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Elementary School District Havre Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Havre Elem	Hill	0427
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Samantha Kolkman

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

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Elementary School District Havre Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Havre Elem	Hill	0427
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Staci Moore

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **18** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **4** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

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KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

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Deadlines:

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REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Havre Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Cottonwood Elem	Hill	0445
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Charles Peterson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **18.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **11** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Cottonwood Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Cottonwood Elem	Hill	0445
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Norman Dyrland

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11.3 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 9.3 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Cottonwood Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Cottonwood Elem	Hill	0445
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Stephanie Borst

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 11 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Cottonwood Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
Cottonwood Elem	Hill	0445
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
Havre H S	Hill	0428

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Karla Vaughn

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 29

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 3.3

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
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Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District Cottonwood Elem	Chair, Board of Trustees	Date
High School District Havre H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
K-G H S	Hill	1209

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Don & Leslie Hanson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 13.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 4.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District K-G H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
K-G H S	Hill	1209

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Percy & Laurie Nordrum

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 13

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 13

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District	Chair, Board of Trustees	Date
High School District K-G H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
K-G Elem	Hill	1208
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Kyle & Kodi Peterson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **21** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **13** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District K-G Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
K-G Elem	Hill	1208
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Todd & Margaret Donovan

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 8 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 5 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

Elementary School District K-G Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
K-G Elem	Hill	1208
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Elem District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials _____
HS District Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
County Approval	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

Parent or Guardian Name: (Please Print)

Travis & Maria Borlaug

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **21** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **12** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop _____ times per day, _____ days per week

To or from School _____ times per day, _____ days per week

Deadlines:

PARENTS: Due to School Clerk June 1.

CLERKS: Send original to County Supt by July 1, retain a copy for your files.

COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE
(For district, county and OPI use only)

Reimbursement rate is determined by
20-10-142, MCA.

Agreement between parent (parent name) _____, and school district (district name) _____.

(county name) _____ County, hereinafter referred to as the District(s).

The parties agree as follows:

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Elementary School District K-G Elem	Chair, Board of Trustees	Date
High School District	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005
Due to School Clerk June 1

Contract #

Elementary District Responsible for Reimbursing the Contract	County	Legal Entity
K-G Elem	Hill	1208
High School or K-12 District Responsible for Reimbursing the Contract	County	Legal Entity
K-G H S	Hill	1209

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials
Elem District Approval ☐ yes ☐ no _____
HS District Approval ☐ yes ☐ no _____
County Approval ☐ yes ☐ no _____

Parent or Guardian Name: (Please Print)

Dallas & Janet Donovan

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 18.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 4.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

	Pre-K Total	K Total	1-8 Total	9-12 Total
Regular Trans				
Spec. Ed. Trans				
Room & Board				
Correspondence				
Reg. Contingency				
Spec. Ed. Contin.				

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

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To or from School _____ times per day, _____ days per week

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To or from School _____ times per day, _____ days per week

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20-10-142, MCA.

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Elementary School District K-G Elem	Chair, Board of Trustees	Date
High School District K-G H S	Chair, Board of Trustees	Date

I attest that the above information is true and correct.

Signature - Parent or Guardian	Date
Address, City, Zip Code	Phone Number